

L'Arche

L'Arche Lambeth Gothic Lodge

Inspection report

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Ratings

| | | |
|---------------------------------|------|---|
| Overall rating for this service | Good |  |
| Is the service safe? | Good |  |
| Is the service effective? | Good |  |
| Is the service caring? | Good |  |
| Is the service responsive? | Good |  |
| Is the service well-led? | Good |  |

Overall summary

This inspection took place on 25 August 2015 and was unannounced. L'Arche Lambeth Gothic Lodge is a residential care home providing accommodation, care and support for up to five people with a learning disability. At the time of our inspection five people were using the service.

The L'Arche Lambeth Gothic Lodge has 22 staff, that work across three services, of which this is one.

The service had a registered manager. At the time of the inspection the registered manager was not at work and a manager from another service and a senior manager were providing cover for her role.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were provided with care that kept them safe from harm and injury. Staff supported people to identify any risks to their safety and helped them to manage these risks. Staffing levels ensured people received the support they required. People knew the staff team well and got to know new members of staff before they started supporting them. Staff undertook regular health and safety checks to maintain a safe environment for people.

Staff were knowledgeable and had skills to meet people's care needs. They attended relevant training courses to ensure that people were provided with individual support. Staff assessed people's capacity on a daily basis and provided them with informed choices to ensure that they were involved in their care planning. People were supported to eat and drink what they liked and were encouraged to cook meals for themselves. Staff obtained additional professional support to meet people's health needs.

People liked their home and had good relationships with the staff. Staff knew people's preferences and supported them to make choices according to what they wanted. People had support to maintain relationships in the community and were encouraged to have visitors in their

home. Staff used people's preferred communication methods to ensure that their wishes were heard and acted on. People were supported to access advocacy services.

People were provided with support to make decisions for themselves whenever possible. People had one-to-one meetings with staff and were encouraged to discuss their care needs and how they wished to be supported. Staff supported people to plan their personal goals and supported them to achieve those goals. People were provided with support to make a complaint if they wished to. Families and advocates provided feedback about the service and felt that issues raised were addressed.

The management team monitored the quality of care provided and made changes to improve it. The management team had good communication with staff and advised them where required. Staff were supported to question practice and make suggestions when they felt improvements were required. We saw that some medicines errors did not have follow-up actions identified to prevent this happening again. The management team was updating the medicines management procedures to ensure that people received the support they required with safe medicines management. Staff shared information amongst the team to ensure that people were consistently supported in line with their needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were safe staffing levels and procedures in place to ensure that people were safe from harm and injury.

Staff supported people to manage their individual risks and provided any additional support required where people's needs changed. Staff were aware about safeguarding procedures and reported their concerns to the management team. People received their medicines safely.

Good



Is the service effective?

The service was effective. Staff attended training courses and had knowledge and skills to support people with their individual care needs.

Staff were aware about their responsibilities under the Mental Capacity Act 2005 and ensured that people were involved in their care planning.

People were supported with their nutrition and hydration needs as appropriate. Staff liaised with any health professionals for support as required.

Good



Is the service caring?

The service was caring. People developed good relationships with the staff and received support in line with their choices.

People's preferences and interests were met via activities provided. Staff used people's preferred communication methods to ensure that people's wishes were heard.

People were supported to socialise in the community and maintained relationships with other people.

Good



Is the service responsive?

The service was responsive. People had support to make decisions for themselves and plan care whenever possible.

People were supported to maintain their independence and changes to their support were made as required.

People had support to make complaints. Their relatives were provided with opportunities to give feedback about the service. Staff were aware about the complaints procedure.

Good



Is the service well-led?

The service was well led. The management team monitored the quality of care and identified areas for improving.

We found that some medicine errors were not followed-up to prevent this happening again. The management team was updating the medicines management procedures to ensure good practice.

Staff liaised with the management team for advice and support where required. There was good communication amongst the staff team.

Good



L'Arche Lambeth Gothic Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 August 2015 and was unannounced.

This inspection was carried out by one inspector. Before the inspection we reviewed information we held about the service including statutory notifications. At the inspection we spoke with two people who use the service, three staff members and a senior manager. We observed the support provided for people in the communal areas. We reviewed three people's care records, four staff records, and other records relating to the management of the service.

After the inspection we talked with the interim manager. We also spoke with one relative, a health care professional and representatives from the local authority and a day centre.

Is the service safe?

Our findings

The L'Arche Lambeth Gothic Lodge provided safe service for people. A family member said that their relative had 'enough staff for support with their needs'.

There were sufficient staff to ensure safe service delivery at Gothic Lodge. There was a core staff team who knew the service and people well. Staff assessed people's needs and identified how many staff people required support from, for example staffing levels were increased if people needed more support to look after their health needs. Staff said they had enough time to meet people's changing needs. A family member told us, and we could see for ourselves, that staff were both visible and accessible in this service.

At the time of our inspection Gothic Lodge was inducting four staff members. New staff were required to attend training courses and observe more experienced care workers before supporting people with their needs. During the recruitment process the staff used bank staff and relief workers to ensure adequate staffing levels were maintained. Bank staff and relief workers were familiar with the service and people knew them well. A family member said that people were provided with a lot of individual support. There were enough staff on duty to ensure people's safety at the service and support with activities in the community.

People were safe from harm and injury because staff had the appropriate skills and knowledge. Staff had a good understanding of the safeguarding procedure and recognised signs of possible abuse. Any concerns about a person's well-being was reported to the management team of the service. The manager escalated concerns as necessary to the local authority and took appropriate actions to ensure people's safety.

Staff ensured people received their medicines safely and as prescribed. Staff audited medicines weekly to ensure safe

medicines management was maintained. More experienced staff were responsible for medicine administration to ensure that people received their medicines as prescribed and at the correct times. The medicine administration records were up to date. Staff supported people to order their medicines and kept it safe in a locked cabinet.

Staff were knowledgeable about potential risks to people's safety and identified additional support required to manage those risks. We saw from care records that two people had behaviour that challenged staff. Information on potential triggers and behaviour management strategies was limited in these people's care records. This meant there was a risk that staff would not support people appropriately to manage the risks associated with this behaviour. However, the management team had liaised with behavioural specialists to help the staff to appropriately support people. A family member we talked to felt that staff provided "good" support with their relative's challenging behaviour to other people. The senior manager said that people's care records would be updated to clearly reflect how people were to be supported to minimise risks to their safety and the safety of others.

We saw up-to-date environment risk management plans. Staff undertook regular health and safety checks and identified any follow-up actions required to ensure that risks were reduced and people were safe, these included fire safety and water temperature checks. Records showed that equipment servicing was also regularly checked by professionals, for example fire protection equipment. There were cracks on the walls and ceiling of communal areas of the home. The management team told us that the housing provider had planned to redecorate the care home to ensure it provided a safe and suitable environment for people living there.

Is the service effective?

Our findings

Staff had the knowledge and skills to meet people's care needs. The training manager worked closely with the staff team to ensure that everyone had completed mandatory and relevant developmental training. Records showed that staff were up to date with relevant training courses, such as medication administration, safeguarding adults and how to provide 'person-centred' care. Staff also undertook additional training including Level 3 National Vocational Qualification in health and social care. We saw that staff were knowledgeable and applied relevant skills in practice to ensure that people were as independent as possible. For example, we observed that people were given enough time to do things for themselves when getting ready to go out.

Newly employed staff were inducted before they started working with people. Records showed us that during the induction staff received guidance and training, this included new staff shadowing more experienced care workers so they became familiar with the service's policies and procedures and people's care needs. Staff told us that getting to know the service gradually helped them to develop good working relationships with people and the staff team.

Staff were supported to meet people's needs effectively and received annual appraisals. Staff were provided with opportunities to discuss their professional goals, and any additional training they needed to ensure their performance was in line with good practice. The supervision records showed us that earlier this year some staff did not have supervision from their manager for four months. However, staff told us that any concerns they had were raised with the management team over the phone or whenever they were in the service. The management team had reviewed their processes to ensure that staff were regularly supervised. Records showed us that most staff that supported Gothic Lodge had received supervision in the last month. This ensured that staff were provided with opportunities to discuss and improve practice where required.

Staff had attended training on the Mental Capacity Act (MCA) 2005 and worked within the principles of the act. Staff told us they assessed people's capacity and provided informed choices about their care and the support they received on a daily basis. For example, staff supported people to choose what to wear. Staff obtained advice and

support from the local authority with more important decisions. Capacity assessments and where necessary best interests meetings were held if they were concerned that people were not able to understand risks and make decisions about the care they received. For example, a best interests meeting was discussed in relation to a person's dental treatment under general anaesthetic.

The service's senior manager told us that application forms for requesting Deprivation of Liberty Safeguards (DoLS) assessments for people were completed. DoLS is used to protect people who lack capacity to make decisions for themselves in relation to their care and treatment and to ensure that they were not unlawfully restricted. We saw copies of these forms. However, the management team could not tell us if the applications forms were submitted. This could have meant that the service was failing to meet DoLS legislation and, without authorisation, prevented people from leaving the service. The management team looked at this issue and at a later date informed us that the forms were resubmitted and ready to be processed.

People were supported to eat and drink as appropriate. Staff were aware about the meals people liked and disliked to ensure that they ate what they liked. One family member said that staff supported people to eat healthy and their relative "was never hungry". A weekly menu plan was discussed at the meetings held for people living at the service. People chose the meals they wanted to eat and staff prepared it for them. Also, staff told us and the records showed that people were regularly supported to cook meals of their choice. One person was receiving support to prepare vegetarian meals.

People's nutritional needs were recorded in their care plan. Information was available to staff on healthy eating and people's required fluid intake. Records showed us that staff recorded people's choices around eating and drinking. Staff told us they ensured they offered people regular drinks.

People were supported to maintain good health and have access to healthcare services. The health records showed that people were up-to-date with their regular health check-ups. Staff told us they were able to get in contact with health specialists, although the waiting lists were long sometimes. Staff were aware of how to support a person in an emergency or if their health was deteriorating. They obtained support from the person's GP or the ambulance service if the matter was urgent. The family member we spoke with was confident about their relative's health

Is the service effective?

needs being adhered to effectively. A health professional said that they were able to maintain regular communication with the team about any relevant changes in people's needs and this had led to "positive joint working relationships".

Is the service caring?

Our findings

People told us the service was "alright" and they "like" living there. One relative said that, "Staff are not only there because it's their job, but also because they care". A representative from one of the local authorities told us that staff are, "friendly, approachable and helpful" and " they are committed to the people that they are supporting and have very good relationships with them".

Staff had developed good relationships with people. We observed staff speaking to people in a polite and friendly manner. We saw staff taking the time to listen to people. We observed people approaching staff for support and comfort. Staff were aware about people's needs in regards to their religion and personal history. For example, people were regularly going to a church of their preference. Staff provided people with the support they required and in line with their wishes and choices . For example, staff told us that on weekends people had additional one-to-one support to ensure they took part in activities they wished to.

People were supported to follow their interests and undertake activities in the community. Care plans identified people's hobbies and routine activities. Staff told us that people liked routines, but were also encouraged to try new activities. People were able to have visitors at the service, and were encouraged to maintain friendships and

external relationships. The provider supported people to socialise and build relationships with other services. Staff told us that everyone was invited and some people went to a BBQ organised by another care home that week. People had access to wider social networks. They regularly went to the day centre and attended disco nights. Staff said that people were making choices about their day-to-day living and connections with the local community were "good". For example, one person had a friend visiting for meals every week.

Staff were aware of people's communication needs. Staff knew how to communicate with people to ensure they were clear in what they were asking. For example, we saw staff using sign language that was well understood by people. Another person living in the service was using pictures to help staff and the family to communicate with them, and ensure their choices and wishes were heard.

Staff were supporting people to access other organisations to help them to plan their care and make decisions. People were given information for developing contacts outside the service to ensure their voices were heard. For example, people were supported to access advocacy services.

We saw that people's right to privacy was respected. People were supported to change clothes in the privacy of their rooms and with the doors closed. Their care records were confidential, kept in a safe place and only accessible on a need to know basis.

Is the service responsive?

Our findings

People were provided with support to make decisions for themselves and were involved in planning their care. One person said that the staff are "good" and they received support they needed.

We found that people's care was individually assessed to ensure that the support provided had met their needs. We saw that regular reviews had been undertaken for people by the local authority. The funding authority had monitored people's care and ensured that the support provided was in line with good practice. Records showed that professionals involved in people's care had discussed people's individual needs and ensured support was provided to meet these needs. For example, we saw that one person was provided with additional support to meet his nutritional needs. Changes made to people's needs were included in their care plan. People also had annual review meetings held by the care home to discuss their personal goals and achievements. This ensured that people were able to take part in planning of their care. Staff told us that people were supported to choose who they wanted to attend these meetings to support them to express their opinions and views.

People were supported to make decisions for themselves whenever possible. People had monthly key worker meetings. A key worker is a named member of staff and main co-ordinator of support for a particular person in the care home. The key worker helped people to monitor their health needs, book and attend health appointments, and identify any social opportunities available to them. The key

worker also supported people to contact their relatives whenever they chose to, making sure that the families were actively involved in decision making about the care and support of people, when appropriate. We saw records of people having one-to-one meetings to plan their care. Staff told us that people were also encouraged to discuss their care needs whenever suited them best. For example, we saw a staff member talking to a person about a health appointment scheduled the following week.

People were supported to make a complaint. Staff told us that people were supported to talk about their concerns to ensure they were heard and their concerns were acted on. For example, we saw an easy to read complaints procedures was kept in the kitchen. A relative we spoke with did not have any concerns about the service. The senior manager said that no complaints were made since the last inspection. Staff were knowledgeable about the complaints procedure. They said that all complaints received were recorded and passed to the management team for investigating and acting on as appropriate.

Families and people's advocates were asked to complete feedback surveys about the service. The majority of responses were positive. We saw that some improvements were identified, for example, better communication with family members about people's changing needs. The senior manager said that the feedback was taken on board and was discussed with the staff team. One person's relative told us they felt free to give feedback to the registered manager, and that any issues raised were addressed.

Is the service well-led?

Our findings

A relative told us that the team is "extremely well managed". A representative from one of the funding authorities told us, "There is a knowledgeable management team within the organisation and the service is supported by this."

A management team was in place, providing leadership at the service. The senior manager informed us about the work they were undertaking to drive improvements. This included an action plan as to how the staff team could improve the quality of the service provision. For example, it was agreed that a laptop would be bought to help the staff team with appropriate record keeping and to support people to access information in the communal areas.

Staff told us they felt supported by the management team. Staff said they were able to speak with the manager and the senior manager if they needed advice. There was also an out of office hours on call service for staff to get advice on urgent matters. Staff were involved in developing the service and were supported to raise concerns. For example, staff were asked to complete feedback surveys about the service. Changes were suggested as to how to improve the service. For example, spending more time listening to both, staff and people, and better management of poor staff performance.

Staff said there was good team working and clear information sharing amongst the team. Staff knew what was expected of them. They were completing daily records to ensure that information was shared within the team and

continuity of support was provided for people. Any changes in people's needs and any action required was recorded in a communication book so people were supported appropriately in line with their needs. Also, staff worked together with other services that supported people making sure they shared information as needed. For example, the day centre staff had regular contact with the staff.

The management team used monthly performance reports to monitor the quality of care at the service and made any changes required to improve it. Monthly performance reports included internal and external audit dates and undertaken health and safety checks. We saw that progress was made on outstanding actions including updating people's health action plans and arranging dates of meetings for people, such as circle of support meeting. A circle of support is a group of people who meet together to give support to people to discuss and plan their care. This meant that people were provided with support to express their views and wishes. A relative we talked to felt that the management team "looked after the service well".

There was processes in place to record incidents, this included recording any medicine errors. However, the records did not always contain information on what action was taken to prevent the error from recurring. The manager said that all staff were required to attend a full day course of safe management of medicines and the management team were in the process of updating medicines handover procedures. The management team were aware of their registration requirements with the Care Quality Commission. This included ensuring that statutory notifications were submitted as required by law.